



CERTIFICATE OF LIABILITY INSURANCE

MMHILLMAN

DATE (MM/DD/YYYY) 02/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

	nis certificate does not confer rights t			ificate holder in lieu of su	ch endorseme	nt(s)	j.	Toquire all chaorsemen					
PRODUCER The Morrison Agency					CONTACT Holly Wyke NAME: PHONE FAX								
167	Church St. NE				(A/C. No. Ext):	A		(A/C, No):					
Cor	cord, NC 28025				E-MAIL ADDRESS: holly@morrisoninsagency.com								
								RDING COVERAGE		NAIC#			
					INSURER A : Dor	ega	31			13692			
INS	JRED				INSURER B :								
	Kenney Consulting LLC 3014 Arbor Knoll				INSURER C :								
	Concord, NC 28025				INSURER D : INSURER E :								
	VED 1 0 5 0				INSURER F :								
T IN	VERAGES CEF HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O REQU PER POLI	F INS IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF ANY CON DED BY THE PO BEEN REDUCED	TRA OLIC) BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY I	FF YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
Α	X COMMERCIAL GENERAL LIABILITY				,	,	,	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR			BOS8899445	01/15/2	018	01/15/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,00			
								MED EXP (Any one person)	\$	5,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000			
	OTHER:								\$				
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	ANY AUTO			BOS8899445	01/15/2	018	01/15/2019	BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
									\$				
Α	X UMBRELLA LIAB X OCCUR			0.000001==0	00/00/00		00/00/0040	EACH OCCURRENCE	\$	1,000,000			
	EXCESS LIAB CLAIMS-MADE			CXS9004778	06/23/2	017	06/23/2018	AGGREGATE	\$	1,000,000			
_	DED RETENTION \$							▼ PER OTH-	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC 4 0000 4 4 5	04/45/0040	04/45/0040	X PER STATUTE OTH-		4 000 000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WCA8899445	01/15/2	01/15/2018	01/15/2019	E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
DES Deta	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ail	LES (ACORI	0 101, Additional Remarks Schedu	le, may be attached	if mor	re space is requir	ed)					
Gen Auto Uml	rin's Chocolate Franchise Inc. and Kilw eral Liability, Automobile Liability, and omobile Liability, Umbrella in favor of K orella is follow form ATTACHED ACORD 101	Umb	rella.	Waiver of Subrogation wit	h regards to Wo	orkei	r's Compensa	tion/Employers Liaiblity,					
	DITIEICATE HOLDER				CANCELLAT	ON:							
<u>UE</u>	RTIFICATE HOLDER Kilwin's Chocolate Franchis	se, Inc	с.		THE EXPIRA	OF TIOI	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL BY PROVISIONS.					

ACORD 25 (2016/03)

Kilwin's Chocolate Franchise, Inc. Kilwin's Quality Confections Inc.

1050 Bay View Road Petoskey, MI 49770

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AUTHORIZED REPRESENTATIVE



		LOC #: 1									
ACORD° ADDITIONA	AL REM	ARKS SCHEDULE	Page	1	of	1					
AGENCY The Morrison Agency		NAMED INSURED Kenney Consulting LLC 3014 Arbor Knoll									
POLICY NUMBER SEE PAGE 1		Concord, NC 28025									
CARRIER	NAIC CODE										
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1									
ADDITIONAL REMARKS											
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,											
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liab	oility Insurance										
30 Days notice of cancellation or non-renewal must b Coverages listed meet minimum requirments	e provided t	to the Franchisor on all coverages									
Carrier is rate better than A- by AM Best											